

## Questions & Answers

### Monthly DMAS LTC Portal & Screening Conversation Events

#### Q & A for September 26, 2019 [ 1<sup>st</sup> Monthly DMAS Conversation Event ]

##### GENERAL OVERVIEW - UPDATES/ISSUES REVIEWED ON 9/26/19 EVENT

- Be sure to use the most current version of the DMAS-80, dated 9-2019 ; this version includes two (2) additional options in addition to the regulatory special circumstances listed (1-6)
- Allowances for faxed DMAS-80's are very specific:
  1. Situations *prior to July 1, 2019*:
    - ✓ NF has admitted an individual prior to 7/1/2019 with no LTSS Screening
    - ✓ Individuals with a valid copy of the LTSS Screening that has not been electronically submitted (in this case the copy of the **entire LTSS Screening**) should be submitted with the DMAS-80
    - ✓ Individuals who do not have a documented LTSS Screening prior to 7/1/2019 and need a level of care (LOC) change
    - ✓ NF individual with no LTSS Screening admitted to a NF prior to 7/1/2019, and transferring to a new NF
    - ✓ Individuals admitted to a NF directly from CCC Plus Waiver and a LTSS Screening is not documented
  2. Situations related to *system entry*:
    - ✓ Individuals who do not have a documented LTSS Screening and need a LOC change
    - ✓ Individuals with a valid copy of the LTSS Screening that has not been electronically submitted; in this case the copy of the entire LTSS Screening should be submitted with the DMAS-80
  3. FFS NF admissions, disenrollment's or LOC changes not entered **prior** to the enrollment of the individual into the CCC Plus program.

- DMAS approved two (2) additional boxes for addition to the LTC Portal; DMAS will announce of the completion of the portal enhancements. In addition, DMAS will release an effective date to discontinue the submission of faxes for the above scenarios.
- Most frequent DMAS-80 errors ( refer to web, 9-26-19 PPT)
- Hospitals are not sending LTSS Screening or entering info in Navihealth or ePas; for those experiencing this issue please send email to [screeningassistance@dmas.virginia.gov](mailto:screeningassistance@dmas.virginia.gov)
- **No Funding will be provided by Medicaid for those individuals admitted without a LTSS Screening effective July 1, 2019 (this does not include the allowable exemptions)**

### Screening Process Questions

QUESTION		RESPONSE
1.	If a patient is in a Virginia Hospital coming to a Virginia SNF however is an out of state resident but plans to stay in VA for 'LTSS should the Hospital complete the LTSS Screening or is this covered under Special Circumstance?	No, this case is not considered a special circumstance. If the individual were located in a Virginia hospital, the hospital would be responsible to complete the screening if it is anticipated the individual will remain in Virginia, and require long term services and supports and, is expected to be Medicaid within six (6) months, the hospital would be responsible to complete a complete LTSS Screening.
2.	The hospitals are telling us that families are refusing the screening, but we are findings families stating no discussion regarding a screening occurred. Can something be provided to the hospitals to have the families sign stating they refused this?	One suggestion would be to have the family/responsible party complete/sign the Individual Choice form (DMAS-97)
3.	If a "UAI" for the EDCD waiver was completed a month ago and now the individual is in the hospital with the plan to go to a SNF, does a new LTSS Screening need to be completed and vice versa?	The UAI is only a portion of the LTSS Screening packet and has many different uses depending on the program. For the sake of this example, we are going to assume this question is referring to the complete LTSS Screening. No new screening would be required; however, the NF would need to be sure that the PSARR is completed prior to admission.
4.	If an individual states they have six (6) months of funds (based on a resource such as land) and a determination is made that the individual does become Medicaid eligible prior to the six (6) month timeframe does that meet the exception? Are we able to bill Medicaid?	When it is determined, Medicaid is appropriate prior to the six (6) month timeframe, the NF uses the MDS and physician certification to assure the individual meets criteria for admission.

### System Questions/Issues

1.	What is the expected timeframe for updates to the portal to capture the two (2) additional options included on the DMAS-80?	DMAS executive management has approved the updates; the IM Division at DMAS is currently working on this update. A notice stating when the updated portal is completed will be provided to include an end date for submission of faxes for DMAS to enter.
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### Q & A for October 24, 2019 [ 2nd Monthly DMAS Conversation Event ]

### Screening Process Questions

	QUESTION	RESPONSE
1.	An individual has been receiving waiver services since 2017; later requires hospitalization and transfer to a NF. Is a new LTSS Screening required?	No, the individual has been receiving LTSS through the waiver; however, the NF needs to assure the PASRR DMAS-95 process is completed.
2.	If an individual is admitted to a Virginia hospital from out-of-state and now requires long-term care services and applying for VA Medicaid, is a screening required?	Yes, a screening is required as the individual will be residing in VA and applying for Medicaid.
3.	NFs have had situations in which the health plans are not entering the level of care information in a timely manner. Some are as much as two months behind.	Please submit the issue to the <a href="mailto:CCCplus@dmas.virginia.gov">CCCplus@dmas.virginia.gov</a> mailbox and provide specific case information

### Q & A for November 14, 2019 [Event Cancelled]

**Q & A for December 12, 2019 [ 3rd Monthly DMAS Conversation Event ]**

**Screening Process Questions**

1.	Slide # 10, 11 When Nursing Facilities complete a PASRR	Federal expectations require a PASRR be completed on any type of nursing home admission.
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3.		
4.		

**System Questions/Issues**

1.		
2.		
3.		

ADDITIONAL REMINDERS:

If a NF individual is enrolled in hospice, or changes to hospice, there will not be a NF level of care (1 or 2) in VaMMIS. The Hospice enrollment will be listed indicated by a "D".

The NF's should only be faxing the DMAS 80 and/or LTSS screening for entry assistance (for FFS) to 804-452-5456.

The 804-452-5442 number is only for the health plans if they are unable to complete the portal entries.

If the admission, discharge, or LOC change is for a date of service after the individual enrolled in a CCC Plus plan, the DMAS 80's must be faxed to the appropriate health plan under which the individual is enrolled.

Please note the DMAS 80 form to address the special circumstances states: "Has the Nursing Facility reviewed a complete Medicaid LTSS Screening package **that indicates the individual met Level of Care Criteria and was authorized for LTSS services?**"

NOTE: A screening may have been completed; however, the individual did not meet criteria or was not authorized for services.